Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

36893 (C)

CLAIMS AS FILED - PART I									/_			
<u></u>	TOTAL CLAIN		(Colum	OTHER THAN TYPE OR SMALL ENTITY OR SMALL ENTITY								
TOTAL CLAIMS			1 2	24				RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FE	385.0	0 OF	BASIC FEE	770.00
7	OTAL CHARG	EABLE CLAIMS	29	29minus 20=		7		X\$ 9=	1	OF	X\$18=	162
_	DEPENDENT		9 minus 3 =					X43=		OR	X86=	
* If the difference in column 1 is less than zero, enter-10-in-column-2								+145=		OR	+290=	
• 1						columa-2		TOTAL		ÖÄ	TOTAL	132
	•	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL										
A IZU		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MICHONEN	Total	29	Minus	- 2	9	• /		X\$ 9=		OR	X\$18=	1
M.	Independent	ENTATION OF M	Minus	3	~	4	Ī	X43*		OR	X86=	
		CHANGE OF ME	OCTIFIE DE	PENDENT	CAIM		Ī	+145=		OR	+290=	
		• ••					L	TOTAL			TOTAL	_
		(Column 1)		(Columir	2)	(Column 3)	A	DDIT. FEE			ADDIT. FEEL	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	A SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL
	Total	. 29	Minus	- 2	9	• /	.	X\$ 9=	PEE	OR	X\$18=	_FEE_
	Independent	. 2	Minus	(2	3.		1	X43=				
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		-	A43= ·	-	OR	X86s	
							L	+145=		OR	+290≈	
	•	(Column 1)		(Caluma)		·	. 40	TOTAL OIT. FEE		OR A	DOIT. FEEL	- · · ·
T	`	· CLAIMS		(Column HIGHES	1	(Column 3)	_	: 				
		REMAINING AFTER AMENDMENT		PREVIOUS PAID FOI	ELY	PRESENT EXTRA	,	TATE 1	ADDI- TIONAL FEE	- 1	RATE	ADDI-
Ŀ	Total	•	Minus	•		•	T,	(\$ 9±	-	OR	X\$18=	FEE
L	Independent		Minus	***	- 1	•	-	(43=		`` 	X86=	•
L	PINST PRESE	NTATION OF MUI	TIPLE DEP	ENDENT CL	AIM				•	OR		·
H I	ne entry in colur	nn 1 is less than the nber Previously Paid	entry in colum	n 2, write "0"	in colu	no 3.	Ľ	145= 101AL		F	+290= TOTAL	
η.	the "Highest Nur	TIDET Previously Pair	i For IN THIS	SPACE in Las	te Man	3		HT. FEE 🔔			ONT. FEE	
_	··· · · · · · · · · · · · · · · · · ·	ber Previously Paid	· · · · · · · · · · · · · · · · · · ·	······································	នេ បាម ភ	gnest number k	ound i	u De Subre	opriate box	in colun		